



# Deputy Sheriff Guide

- Review each section of your open enrollment (OE) form with the corresponding section in this guide.
- If you make changes, you must return your OE form *by Friday, October 28*, to Benefits and Retirement Operations, Exchange Building EXC-ES-0300, 821 Second Avenue, Seattle WA 98104-1598.
- No changes? Simply keep the form for your records.
- Questions? Contact the resources listed in the Resource Directory or call 206-684-1556.

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This guide describes certain key features and provides brief summaries of your benefit plans. However, it does not provide detailed descriptions. If you have questions about specific plan details, refer to the plan booklets available at [www.metrokc.gov/finance/benefits/booklets/ds.htm](http://www.metrokc.gov/finance/benefits/booklets/ds.htm) or from Benefits and Retirement Operations, or contact the plans. We've made every attempt to ensure the accuracy of the information in this guide. However, if there is any discrepancy between it and the insurance contracts or other legal documents, the legal documents will always govern.

Call 206-684-1556 for alternate formats.

# 1 Medical

The medical coverage you have now is shown on your OE form. The medical plan you elect is the one your covered family members have. If you want to change your coverage, check the appropriate boxes.

The following table summarizes the features and covered expenses of the three medical plan options.

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Provider choice	You must use Regence BlueShield and recognized providers for all covered services received within the service area (except emergency care) and may use any approved provider for covered services outside the service area	You choose a PacifiCare primary care physician (PCP) who provides and coordinates services through the PacifiCare network; no non-network coverage unless indicated	You choose a Group Health primary care physician (PCP) who provides and coordinates most services through the Group Health network; you may also self-refer to Group Health staff specialists; no non-network coverage unless indicated
Annual deductible	\$100 per person/\$300 per family	None (unless you live outside the PacifiCare service area)	None
Copay/office visit	None	\$5	\$7
After the deductible/copays, the plans pay most covered services at these levels until you reach the annual out-of-pocket maximum	80%-100% of the allowed amount	100% network	100% network
Annual out-of-pocket maximum	\$375/person (excluding deductible and copays)	\$500/person, \$1,500/family for network care and limited emergency/out-of-area care	\$1,000/person, \$2,000/family for network care and limited emergency/out-of-area care
After you reach the out-of-pocket maximum, most benefits are paid for the rest of the calendar year at this level	100%	100%	100%
Lifetime maximum	\$1,000,000	No limit	No limit
Alternative care	100% up to 12 visits/year to approved provider for acupuncture	100% after \$5 copay/visit when referred by PCP	Self-referrals to a network provider are covered up to 8 visits/medical diagnosis/calendar year for acupuncture and up to 3 visits/medical diagnosis/calendar year for naturopathy; except for chiropractic services, all other alternative care may require PCP referral \$20 copay/visit
Ambulance services	80%	100%	80% (except hospital-to-hospital ground transfers covered 100% when initiated by Group Health)

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Chemical dependency treatment	100% inpatient/outpatient Up to \$12,500 (2005)/\$13,000 (2006) maximum/2 years (maximum subject to annual adjustment)	100% for inpatient/outpatient \$12,500 (2005)/\$15,000 (2006) maximum/24 consecutive calendar months (maximum subject to annual adjustment)	100% for inpatient 100% after \$7 copay/visit for outpatient \$12,500 (2005)/\$13,000 (2006) maximum/24 consecutive months (maximum subject to annual adjustment)
Chiropractic care	100%	100% after \$5 copay when referred by PCP 100% after \$10 copay/visit up to 33 visits/year when self-referred (must see a network provider)	100% after \$7 copay/visit
Diabetes care training	80%	100%	100% after \$7 copay/visit
Durable medical equipment and diabetic equipment	80%	100%	80%
Emergency care (in an emergency room)	80% after \$25 copay/visit (waived if admitted)	100% after \$50 copay/visit (waived if admitted)	100% after \$75 copay/visit to network facility (copay waived if admitted) 100% after \$125 copay/visit to non-network facility (copay waived if admitted)
Family planning	Covered at various levels; call plan for details	100%	Covered at various levels; call plan for details
Home health	90% up to 130 visits/year	100% up to 130 visits/year	100%
Hospice care	90% (6-month maximum with up to 14 days inpatient care)	100% (6-month lifetime maximum)	100% (limits apply; call plan for details)
Hospital care	80%	100%	100%
Injury to teeth	80% dentist/denturist services up to \$1,000/injury	100%	Not covered
Lab, x-rays and other diagnostic testing	100% professional services; 80% hospital/facility services	100%	100%
Maternity care - delivery and related hospital care	100% professional services; 80% hospital/facility services	100%	100%
Maternity care - prenatal and postpartum care	100% professional services; 80% hospital/facility services	100% after \$10 copay/pregnancy	100% after \$7 copay/visit
Mental health care	100% professional services and 80% hospital/facility services for inpatient up to 8 days/year 100% for outpatient up to 12 visits/year	100% for inpatient up to 30 days/year; 100% residential and day treatment (also subject to inpatient maximum; each day of care counts as half an inpatient day) 100% after \$5 copay/visit up to 30 visits/year	100% for inpatient up to 12 days/year 100% after \$7 copay/individual, family or couple/visit or \$7 copay/group session for outpatient up to 20 visits/year

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Neurodevelopmental therapy for covered family members age 6 and under	80% up to \$2,000 annual benefit maximum	100% for inpatient 100% after \$10 copay/visit for outpatient up to 60 visits/year when referred by PCP and preauthorized	100% for inpatient up to 60 days/year (combined with rehabilitative services) 100% after \$7 copay/visit for outpatient up to 60 visits/year (combined with rehabilitative services)
Newborn care (up to at least 3 weeks as mandated by state law)	100% professional services; 80% hospital/facility services	Covered at various levels; call plan for details	Covered at various levels; call plan for details
Physician and other medical and surgical services	100% in an office, home, hospital or skilled nursing facility and for surgery	100% for inpatient 100% for outpatient after \$5 copay/visit	100% for inpatient 100% after \$7 copay/visit for outpatient
Phenylketonuria (PKU) formula	100%	100%	100%
Prescription drugs - network pharmacies (including insulin and diabetic supplies)	Up to 34-day supply 100% after \$7 copay for generic 100% after \$12 copay for brand-name 100% after \$27 for non-formulary	Up to 30-day supply 100% after \$5 copay for generic (brand-name drugs are covered only when generic not available)	Up to 30-day supply 100% after \$5 copay
Prescription drugs - mail order (including insulin and diabetic supplies)	Up to 90-day supply 100% after \$14 copay for generic 100% after \$24 copay for brand-name 100% after \$54 copay for non-formulary	Up to 90-day supply 100% after \$10 copay for generic (brand-name drugs are covered only when generic not available)	Up to 30-day supply 100% after \$5 copay
Preventive care (such as routine exams and immunizations)	100%	100% after \$5 copay/visit	100% after \$7 copay/visit (according to well-child/adult preventive care schedule)
Radiation therapy and chemotherapy	100% professional services; 80% hospital/facility services	100%	100% after \$7 copay/visit
Reconstructive services (including benefits for mastectomy-related services – reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from mastectomy, including lymphedema; call plans for more information)	100% professional services; 80% hospital/facility services	100% depending on services provided; copays may apply	100% for inpatient 100% after \$7 copay/visit for outpatient

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Rehabilitative services	100% professional and hospital/facility services for inpatient up to \$50,000/condition 80% for outpatient up to \$2,000/year	100% for inpatient 100% after \$10 copay/visit for outpatient up to 60 visits/year when referred by PCP and preauthorized	100% for inpatient up to 60 days/year (combined with neurodevelopmental therapy) 100% after \$7 copay/visit for outpatient up to 60 visits/year (combined with neurodevelopmental therapy)
Skilled nursing facility	80% up to 90 days/year when preauthorized	100% up to 150 days lifetime maximum/condition (must be instead of a hospital stay) when referred by PCP and preauthorized	100% up to 60 days/condition at Group Health-approved nursing facility
Smoking cessation	75% up to \$500 lifetime maximum for approved program	100% after \$20 copay/network program 100% after \$20 copay for each 4-week supply of nicotine replacement if prescribed by PCP (90-day treatment maximum)	100% network provider program 1 course of nicotine replacement/year (prescription copay applies) when prescribed by network provider
Sterilization procedures	100% professional services; 80% hospital/facility services	100%	100% after \$7 copay/visit for outpatient
Temporomandibular joint (TMJ) disorders	Not covered	Not covered	100% for inpatient 100% after \$7 copay/visit for outpatient Up to \$1,000/year and \$5,000 lifetime maximum
Transplants (certain transplants/services only)	100% professional; 80% hospital/facility services and travel expenses Donor organ procurement costs up to \$50,000/transplant; travel expenses up to \$2,500/transplant \$250,000 lifetime maximum	100% up to \$500,000 lifetime maximum Medical coverage must have been continuous for more than 12 months under this plan – whether preexisting or emergency	Covered subject to applicable copay; limits and exclusions apply; call plan for details Medical coverage must have been continuous for more than 12 months under this plan – whether preexisting or emergency
Urgent care	Covered at various levels; call plan for details	100% after \$5 copay/visit	100% after \$7 copay/visit at network facility
Vision care – routine exams	100% for 1 exam/calendar year Deductible doesn't apply	100% for 1 exam every 12 months from network provider (Cole Vision Service) 100% up to \$40 for 1 exam every 12 months from non-network provider	100% after \$7 copay for 1 exam in 12 consecutive months (must use Group Health providers)
Vision care - lenses	Up to 2 lenses/calendar year \$20/single vision lens \$30/bifocal lens \$40/trifocal lens \$65/lenticular or aphakic lens (external lens requiring a frame)	100% for 1 pair of lenses every 12 months from network provider (Cole Vision Service) 100% up to \$100 for 1 pair of lenses every 12 months from non-network provider	Not covered

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Vision care - frames	\$30 for 1 pair of frames/2 calendar years beginning with the initial date of service Deductible doesn't apply	100% up to \$150 retail value for 1 pair of frames every 24 months from network provider (Cole Vision Service) 100% up to \$100 for 1 pair of frames every 24 months from non-network provider	Not covered
Vision care - contact lenses (instead of glasses)	If medically necessary, up to \$100/lens for aphakia or for vision correctable to 20/70 or better only by use of contact lenses If cosmetic/elected, up to \$20/lens Deductible doesn't apply	100% up to \$150 retail value for 1 pair of contacts every 24 months from network provider (Cole Vision Service) 100% up to \$100 for 1 pair of contacts every 24 months from non-network provider	Not covered

## 2 Dental

You automatically receive dental coverage through Washington Dental Service (WDS). There's nothing to change during open enrollment and plan benefits remain the same in 2006.

The following table summarizes the covered expenses of the WDS plan. You can use any dentist you want, but the benefits are generally higher (your out-of-pocket expenses are less) and the dentist automatically files your claim if you see a WDS dentist (most dentists in Washington participate in the WDS plan).

WDS increases your payment levels through an incentive program as long as you see your dentist each year. For diagnostic and preventive services as well as basic and restorative services, the payment level starts at 70% and increases 10% in January of each year until you reach 100% (if you don't see the dentist during the calendar year your payment level is reduced to the next lower payment level, but never below 70%).

Washington Dental Service	
Annual deductible	None
Annual maximum benefit (doesn't apply to orthodontic or orthognathic services)	\$2,500/person
Covered Expenses	Plan Pays
Diagnostic and preventive services (1 exam and cleaning every 6 months, complete x-rays every 3 years, supplemental bitewing x-rays every 6 months)	70%-100% based on your incentive level; see dental booklet for details
Basic services (extractions, fillings, periodontics, root canals, stainless steel crowns)	70%-100% based on your incentive level; see dental booklet for details
Major services – restorative (crowns, fixed bridges, onlays)	70%-100% based on your incentive level; see dental booklet for details
Major services – prosthodontics (for example, dentures)	70% (incentive levels don't apply)
Orthodontic services - adults and children	60%, up to a \$2,500 lifetime benefit maximum (incentive levels don't apply; benefit doesn't apply to the annual maximum benefit)
Orthognathic surgery	70% up to a \$5,000 lifetime maximum benefit
Accidental injury	100% for covered expenses incurred within 180 days of accident

### 3 Life insurance

**Your basic life.** The county pays for basic life insurance for you now and will continue doing so in 2006, as shown on your form (there are no change options to consider for this benefit). If you die for any reason, your beneficiaries receive \$6,000.

**Your enhanced life.** You may purchase additional (enhanced) life insurance for yourself in an amount equal to your base annual salary less \$6,000. If you die, your beneficiaries receive the enhanced life amount in addition to your county-paid basic life insurance.

You may purchase enhanced life insurance when you first enroll for county benefits, during open enrollment or within 30 days of a qualifying event:

- You marry/establish a domestic partnership
- Your child first becomes eligible for coverage under your county benefit plans
- Your spouse/domestic partner or child loses county or other employer-provided life insurance.

When you elect enhanced life during open enrollment, evidence of insurability is required.

You pay \$.334/\$1,000 per month for enhanced life insurance in 2006 (the same as in 2005). If your base annual salary is \$50,000, you're eligible to purchase \$50,000 - \$6,000 = \$44,000 of enhanced life. The cost would be  $$.334 \times 44 = \$14.70$  per month.

The enhanced life you have now and your change options are shown on your OE form. If you drop enhanced life with your OE form, the change becomes effective January 1; to drop it sooner, call 206-684-1556.

**Your family member basic.** The county pays for basic life insurance for each eligible family member you enroll and will continue doing so in 2006, as shown on your form (there are no change options to consider for this benefit). If a covered family member dies for any reason, you receive \$1,000.

**More about life insurance.** Life insurance is provided through Aetna and is portable. If you terminate employment with the county (but not if you leave employment due to disability), you may continue to pay Aetna directly for the basic and enhanced coverage you had on your last day of employment until you reach age 99. If you continue the coverage for yourself, you may continue the coverage for your spouse/domestic partner until he/she is 65 and your dependent children until they're 19 (23 if solely dependent on you for support). The rates you pay for the continued coverage may be different from the rates paid by active employees.

### 4 AD&D insurance

The county pays for basic accidental death and dismemberment (AD&D) insurance for you now and will continue doing so in 2006, as shown on your form (there are no change options to consider for this benefit). If you die in a covered accident, your beneficiaries receive \$6,000. For dismemberment, paralysis and other covered losses, you receive an amount determined by the type of loss.

### 5 Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for expenses not covered through your other benefits. When you put money into an FSA you do not pay federal or Social Security (FICA) taxes on it. As a result, your taxable income is reduced and your taxes are lower.

- Health Care FSAs allow you to set aside pretax dollars to pay for certain expenses not covered by your medical, dental and vision plans (for example, copays for office visits and the cost of orthodontia not fully paid by your dental plan).

- Dependent Care FSAs allow you to set aside pretax dollars to pay for eligible dependent care expenses for your child, disabled spouse or dependent parent while you and your spouse work.

See the separate FSA Guide for more details and an FSA Enrollment Form. If you want to enroll in an FSA beginning January 1, 2006, or are currently enrolled and want to continue participating in 2006 (you must re-enroll each year to continue participating), complete the FSA Enrollment Form and return it to Benefits and Retirement Operations (the address is on the form) *by Friday, October 28*.

## 6 Covered family members

This section of your OE form shows the family members you now cover under your benefit plans. To add or drop family members, see the sections on the back of your form; to correct any information that's missing or wrong, write the correct information on the front of your OE form and return it.

## 7 Insurance beneficiaries

This section of your OE form shows the beneficiaries you've designated to receive your insurance death benefits.

Due to programming/printing limitations in producing the OE form, the benefit percentage for each beneficiary listed has been rounded and may not reflect the precise amount you assigned on your Beneficiary Designation Form. However, should you die, each beneficiary will receive the amount you assigned on your form.

To change or correct any beneficiary information, you must complete and return a new Beneficiary Designation Form – *do not make corrections on your OE form*. A Beneficiary Designation Form is included in your OE packet. Return it to Benefits and Retirement Operations.

## 8 Sign to authorize changes

If you've made any changes on your OE form, you must sign the form to authorize them. Otherwise, the changes can't be made.

## 9 Add family members

The following family members are eligible for coverage under your benefit plans if you enroll them:

- Your spouse/domestic partner (copy of marriage certificate or Affidavit of Marriage/Domestic Partnership must be filed with Benefits and Retirement Operations)
- Unmarried children of you or your spouse/domestic partner if they are under age 23 and chiefly dependent on you for support and maintenance; they may be your:
  - Natural children
  - Adopted children (or children legally placed with you for adoption or for whom you assume total or partial legal obligation for support in anticipation of adoption; attach appropriate documentation)
  - Stepchildren
  - Legally designated wards (legally placed foster children, children placed with you as legal guardian or children named in a Qualified Medical Child Support Order; attach appropriate documentation).

Parents and other relatives who are not members of your immediate family are not eligible for coverage under your benefit plans.

To add family members, provide all information in this section of your OE form, including complete Social Security numbers (to protect your privacy, no or only the last four digits of Social Security numbers are used



when Benefits and Retirement Operations corresponds with you, but complete Social Security numbers are required if you add family members for benefit coverage).

If you add family members with your OE form, their coverage becomes effective January 1, 2006. However, if you are adding them within 30 days of a qualifying event (for example, birth, adoption, placement of a legal ward, marriage or establishment of a domestic partnership, significant change in your spouse's/domestic partner's employer-sponsored coverage, etc.), you may add them sooner using an Add Family Member form available at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits) or from Benefits and Retirement Operations.

**Tax implications for domestic partner health coverage.** There is no cost to cover family members, but when you cover a domestic partner (DP) and his/her children for health benefits (medical, dental, vision) the IRS taxes you on the value of the coverage. This value is added to the salary shown on your paycheck (and W-2 at the end of the year), federal income and Social Security (FICA) taxes are withheld on the higher salary amount, then the value is subtracted from your salary.

You may want to add a domestic partner and his/her children for enhanced life/AD&D without adding them for the "taxable" health benefits. If that's the case, list the family member in the "Add family members" section on the back of your open enrollment form and write "Add for life/AD&D only" next to the name.

Taxable values for the different combinations of health plans are shown below.

Monthly Taxable Value of Health Plans	DP Only		DP's Children		DP + DP's Children	
	2006	2005	2006	2005	2006	2005
Regence BlueShield + Dental	\$ 464.00	\$ 443.03	\$ 399.13	\$ 380.97	\$ 863.13	\$ 824.00
PacifiCare + Dental	\$ 439.82	\$ 407.68	\$ 356.50	\$ 330.39	\$ 796.32	\$ 738.07
Group Health + Dental	\$ 561.40	\$ 453.65	\$ 508.43	\$ 409.44	\$1,069.83	\$ 863.09

## 10 Affidavit

If you add a new (not previously covered) spouse/domestic partner for benefit coverage, you must complete this section of your OE form and both you and your spouse/domestic partner must sign. Otherwise, your spouse/domestic partner will not be added for coverage.

## 11 Drop family members

To drop currently covered family members, provide all information in this section of your OE form. Include the date the qualifying event occurred (when dropped family member was no longer eligible for coverage) and the dropped family member's mailing address for COBRA notification, as required by law. Family members will be dropped based on qualifying event dates, not January 1, 2006.

## Resource Directory

If no TTY phone number is listed, please call 711 to access the TTY Relay Service.

For Questions About ...	Contact ...
<b>Accidental Death and Dismemberment (AD&amp;D) Insurance</b> <ul style="list-style-type: none"> <li>• Conversion option</li> <li>• Secure travel services</li> <li>• For claims, contact Benefits and Retirement Operations</li> </ul>	<b>CIGNA</b> Phone 1-800-441-1832 (conversion) ▪ 1-800-552-5744 (TTY) <b>Worldwide Assistance Services Inc. (secure travel benefits)</b> Phone 1-888-226-4567 (US/Canada) ▪ Call collect 202-331-7635 (all other locations) Fax 202-331-1528 E-mail <a href="mailto:cigna@worldwideassistance.com">cigna@worldwideassistance.com</a>
<b>Benefits – Eligibility and New Hire Enrollment</b>	<b>Sheriff's Office Personnel Unit</b> KC Courthouse KCC-SO-0100, 516 Third Ave., Seattle WA 98104-1598 Phone 206-205-7601/2/4 Fax 206-205-7608
<b>Benefits – General</b> <ul style="list-style-type: none"> <li>• Open enrollment and making changes</li> <li>• Flexible Spending Account enrollment</li> <li>• Life and AD&amp;D insurance details</li> <li>• Alternate formats</li> </ul>	<b>Benefits and Retirement Operations</b> Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598 Phone 206-684-1556 ▪ 1-800-325-6165 x41556 (outside local calling area) Fax 206-684-1925 E-mail <a href="mailto:kc.benefits@metrokc.gov">kc.benefits@metrokc.gov</a> Web <a href="http://www.metrokc.gov/employees/benefits">www.metrokc.gov/employees/benefits</a>
<b>Dental</b> <ul style="list-style-type: none"> <li>• Providers</li> <li>• Claims and appeals</li> <li>• Other plan details</li> </ul>	<b>Washington Dental Service (WDS)</b> PO Box 75983, Seattle WA 98175-0983 Phone 206-522-2300 ▪ 1-800-554-1907 E-mail <a href="mailto:cservice@deltadentalwa.com">cservice@deltadentalwa.com</a> Web <a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a>
<b>Flexible Spending Accounts (FSAs)</b> <ul style="list-style-type: none"> <li>• Account balances</li> <li>• Reimbursement</li> <li>• Other plan details</li> </ul>	<b>Personal Choice Account (PCA) offered by Regence BlueCross and BlueShield of Oregon (formerly Associated Administrators Inc.)</b> <b>The Personal Choice Account</b> PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340 Fax 1-800-979-8987 E-mail <a href="mailto:pca@regence.com">pca@regence.com</a> Web <a href="http://www.personalchoiceaccount.com">www.personalchoiceaccount.com</a>
<b>Life Insurance</b> <ul style="list-style-type: none"> <li>• Conversion or portability option</li> <li>• Evidence of insurability (EOI)</li> <li>• For claims, contact Benefits and Retirement Operations</li> </ul>	<b>Aetna</b> Phone 1-800-826-7448 (conversion/portability) ▪ 1-800-523-5065 (EOI)

For Questions About ...	Contact ...
<p><b>Medical/Vision – General</b></p> <ul style="list-style-type: none"> <li>• Providers (doctors, hospitals, pharmacies, etc.)</li> <li>• Claims and appeals</li> <li>• Drug formulary (covered drugs)</li> <li>• Identification cards</li> <li>• Preauthorization/preadmission</li> <li>• Other plan details (covered expenses, limits, exclusions)</li> </ul>	<p><b>Regence BlueShield</b>  PO Box 21267, 1800 Ninth Ave., Seattle WA 98111-3267  Phone 1-800-458-3523  Web <a href="http://www.wa.regence.com">www.wa.regence.com</a> (e-mail through Web site)</p> <p><b>PacifiCare</b>  PO Box 6092, Cypress CA 90630-0092 ■ PO Box 31053, Laguna Hills CA 92654-1053 (mental health and chemical dependency claims)  Phone 1-800-932-3004 (weekdays 7 a.m.-9 p.m. Pacific) ■ 1-800-577-7244 (Behavioral Health) ■ 1-800-292-2336 (Free &amp; Clear® StopSmoking<sup>SM</sup>) ■ 1-800-762-8456 (emergency care follow-up authorization) ■ 711 TTY Relay Service  Web <a href="http://www.pacificare.com">www.pacificare.com</a> (e-mail through Web site)</p> <p><b>Cole Vision</b> (for PacifiCare participant vision benefits)  PO Box 8056 Twinsburg OH 44087-8967  Phone 1-800-334-7591</p> <p><b>Group Health Cooperative</b>  PO Box 34585, Seattle WA 98124-1585  Phone 1-800-245-7979 (mail order prescriptions)  E-mail <a href="mailto:info@ghc.org">info@ghc.org</a>  Web <a href="http://www.ghc.org">www.ghc.org</a></p>
<p><b>Medical – Mail Order Prescriptions</b></p>	<p><b>Postal Prescription Services</b> (Regence BlueShield participants)  Postal Prescription Services  PO Box 2718, Portland OR 97208-2718  Phone 1-800-552-6694  Web <a href="http://www.ppsrx.com">www.ppsrx.com</a> (e-mail through Web site)</p> <p><b>Walgreens Healthcare Plus</b> (Regence BlueShield participants)  PO Box 188, Beaverton OR 97075  Phone 1-800-797-3345  Web <a href="http://www.walgreenshealth.com/whc/mpfarm/jsp/mpfarm_cob_home.jsp">www.walgreenshealth.com/whc/mpfarm/jsp/mpfarm_cob_home.jsp</a> (e-mail through Web site)</p> <p><b>Prescription Solutions</b> (PacifiCare participants)  PO Box 6037, Cypress CA 90630-0037  Phone 1-800-562-6223 ■ 711 TTY Relay Service  Web <a href="http://www.pacificare.com">www.pacificare.com</a> (e-mail through Web)</p> <p>(Group Health participants use Group Health)</p>

